



Clinical Congress News

The American College of Surgeons • 80th Clinical Congress • October 9-14, 1994 • Chicago

General Sessions

Tuesday

General Panel Discussion

Managed Health Care: A Surgeon's Perspective

8:30 am in McCormick Place East, Arie Crown Theatre

This panel will cover four crucial influences influencing health care reform and the development of managed care structures: (1) the economic and political forces that have been building for a number of years, and are now pushing the health care system rapidly toward restructuring; (2) the issues involved in a large-scale effort to provide public accountability for cost and performance among health providers; (3) the factors that are crucial to achieve superior performance in a managed care environment in the relationship between hospital and medical staff; and (4) the relative degree of physician involvement in the governance structures in managed care organizations, and the relationship of this to long-term successful operation of a managed care organization.

General Panel Discussion

Liver, Pancreas, and Small Bowel Transplantation: An Update

8:30 am in McCormick Place East, Room E353

Nationally recognized experts will discuss the presently obtainable results and further improvements in the areas of liver, pancreas, and small bowel transplantation. The subject of new immunosuppressive drugs, improved surgical techniques, and the possibility of developing a tolerance will be addressed.

Panel Discussion

Professional Liability Update: Medical Legal Pitfalls for Surgeons in a Managed Health Care Setting

8:30 am in McCormick Place East, Rooms E253A-B

The panel discussion will point out liability pitfalls for surgeons interacting with managed care entities. Areas of physician liability, such as indemnification (hold-harmless) clauses in managed care contracts, liability for denial of care, liability

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"Galileo" of transplant surgery discussed at opening lecture

Thomas E. Starzl, MD, FACS, presented yesterday's Opening Ceremony Lecture, "Medawar and Acquired Tolerance," in which he illuminated the life and accomplishments of Sir Peter Brian Medawar (1915-1987), the famed recipient (with Sir Macfarlane Burnet) of the 1960 Nobel Prize for his work on acquired immunologic tolerance. Dr. Starzl is professor of surgery and director of the Transplantation Institute at the University of Pittsburgh (PA) School of Medicine.

"Most of the surgical specialties can be tracked back to the creative vision of a surgeon," Dr. Starzl began. "Transplantation is an exception. Here, the father of the field is succinctly defined in the dictionary as a Brazilian-born British zoologist."

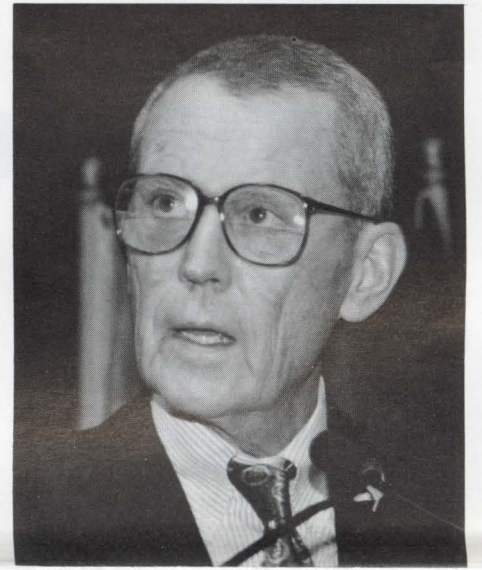
Dr. Starzl outlined both the internal and external character strength of Medawar. Although he was, according to Dr. Starzl, "tall, athletic, abnormally handsome, hypnotically articulate in public...," Medawar suffered, but was not daunted by, a series of crippling strokes, beginning in 1969.

Medawar's clinical fame, Dr. Starzl continued, began when he was a young Oxford graduate in the service of the Scottish surgeon, Dr. Thomas Gibson. Together, their task was to determine if skin allografts could be used to treat

casualties from the Battle of Britain.

It was the 29-year-old Medawar, Dr. Starzl said, who showed with simple and logical rabbit experiments that rejection of the skin was an immunologic phenomenon, analogous to the cell-mediated delayed hypersensitivity responsible for immunity to tuberculosis. With the establishment that rejection was an immune reaction, said Dr. Starzl, by 1953, total body irradiation and adrenal cortical steroids had been shown to delay rejection, "but this effect was either minor...or lethal to the recipient if the grafts were spared."

Later in 1953, Drs. Billingham, Brent, and Medawar, Dr. Starzl said, provided a "blinding beacon of hope" to the therapeutic nihilism that permeated transplantation with the publication of an article in *Nature*. The three researchers had inoculated mice in utero or perinatally with adult splenocytes, hoping the immature animals were incapable of rejecting the spleen cells and that their immune system was populated by the spleen cells of the donor—meaning that they were now chimeras. Although this discovery was not without severe rejection consequences, their work ultimately led to clinical application, and the researchers were ultimately able to iatrogenically induce donor strain tolerance in adult mammals, but without graft-versus-host dis-



Thomas E. Starzl, MD, FACS

ease. "The progression from mouse to man was unstoppable," Dr. Starzl said.

By 1968, Robert Good and Fritz Bach reported in *Lancet* the first successful human bone marrow transplantation. In fact, said Dr. Starzl, both recipients are still alive.

After discussing the foundations of transplantation laid by Medawar, Dr. Starzl outlined the resulting one-way paradigm of acquired transplantation tolerance, which implies that whole or-

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At 20th AUA Lecture

Pivotal role of informed patients stressed

"Making Choices—For Patients and Physicians" was the topic of yesterday's American Urological Association Lecture, delivered by Kenneth I. Shine, MD. Dr. Shine is president of the Institute of Medicine, National Academy of Sciences, Washington, DC, and professor of medicine emeritus at the University of California, Los Angeles, School of Medicine.

The "quintessential feature" of a health care system for today and the future, according to Dr. Shine, is "the

capacity to engage in well-informed joint patient/doctor decision making."

Through a series of clinical vignettes, Dr. Shine traced the technological, pharmaceutical, and therapeutic expansion in health care after World War II. This expansion, he reminded the audience, has enabled physicians and hospital staffs to provide monumental care. However, he also pointed out, "we're paying a price."

That price, of course, is rising health care costs and a failed federal effort to reform the system. Also, he said, in the past year, quality of care "has

scarcely been on the radar screen," and cost has occupied most of the government's attention.

Dr. Shine said that a "variety of forces are in place that will dominate the health care field over the next few years." These forces include growth of managed care systems, the state evolving as the site for health care systems changes, consolidation of health care institutions, and burgeoning information systems.

Dr. Shine believes that a key prod-

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Surgical Forum XLV dedicated to John Mannick

The 45th volume of the *Owen H. Wangenstein Surgical Forum* will be dedicated to John A. Mannick, MD, FACS, at this morning's panel discussion, "Mediators of Host Responses." The panel is sponsored by the Committee for the Forum on Fundamental Surgical Problems, and will convene at 10:30 am in Room E350 of McCormick Place East.

Dr. Mannick is the Moseley Professor and chairman of surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, MA. The Committee recognizes Dr. Mannick this year for his contributions to immunology and vascular surgery, and for his commitment to surgical education.

Born in Deadwood, SD, and reared

in Yakima, WA, he traveled east to attend and graduate from Harvard College and Harvard Medical School. In 1953, Dr. Mannick interned at the Massachusetts General Hospital. After serving as a flight surgeon in the U.S. Air Force, he completed a residency with E. Donall Thomas, MD, in Cooperstown, NY. Between 1960 and 1976, Dr. Mannick held positions at the Medical College of Virginia and Boston University School of Medicine. In 1976, he assumed an affiliation with Harvard Medical School and Brigham and Women's Hospital.

Early in his career, Dr. Mannick became involved in the transplantation of bone marrow, kidney, and solid organs. His subsequent published work

described the immunosuppression associated with trauma and sepsis. Dr. Mannick is credited with utilization of distal femorotibial bypass procedure as a method of lower limb salvage.

In the dedication to the *Owen H. Wangenstein Surgical Forum XLV*, Eloy Eriksson, MD, PhD, FACS, states of Dr. Mannick, "In recognition of his leadership in American surgery and his contributions to surgical research and surgical education, Dr. Mannick has received many honors.

"As a practicing surgeon and surgical investigator, Dr. Mannick serves as an excellent role model for surgical residents, junior faculty, and Fellows."



John A. Mannick, MD, FACS

Pediatric trauma topic of Scudder Lecture

J. Alex Haller, Jr., MD, FACS, will deliver the Scudder Oration on Trauma, "Management of Life-Threatening Injuries in Infants and Children: What Have We Learned and What Are the Challenges for the 1990s?" this afternoon at 1:30 in Room E451B of McCormick Place East.

Dr. Haller, a 1951 graduate of The Johns Hopkins University School of Medicine, is professor of pediatric surgery, pediatrics and emergency medicine at The Johns Hopkins University, Baltimore, MD. He is also associate director of emergency medical services for Children's Programs of the Maryland Institute of Emergency Medical Services Systems-Field Operations of the University of Maryland, Baltimore.

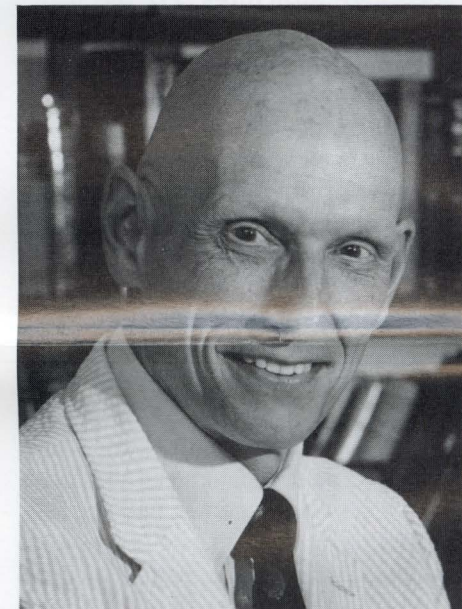
Dr. Haller's affiliation with Johns Hopkins has been virtually continuous since 1951, but has included research and professional positions at the University of Zurich (Rotary Foundation Fellowship in Pathology 1952-1953), the National Heart Institute (1953-1955), University of Pennsylvania School of Medicine (Wistar Institute 1962-1963), and The University of Louisville (KY) School of Medicine (1959-1963).

In addition to activities in many surgical societies, Dr. Haller is on the editorial boards of *Pediatrics*, *American Surgeon*, and *Journal of Trauma*.

In this afternoon's lecture, Dr. Haller will discuss the genesis of the College's Advanced Trauma Life Support course and the vital contributions to this program made by pediatric surgeons, such

as the identification of significant differences in forces of injury in children versus adults, patterns of trauma, and causes of death.

Dr. Haller will examine the evolution and importance of interdisciplinary cooperation, prevention, and surgical leadership in emergency medical services (EMS) systems. He has said that "trauma/emergency medical services systems can best be modified by *surgeons* to include illness with injuries because surgeons have led in organizing most trauma systems in the United States and Canada...Vigorous leadership continues to be necessary to extend these small beginnings into inclusive, comprehensive EMS for children. Exactly the same need exists for adult patients with life-threatening illnesses."



J. Alex Haller, Jr., MD, FACS

Congress Chronicle

The attributes of surgical excellence

The 1937 Clinical Congress in Chicago, IL, commemorated the quarter century mark in the history of the College. In the Address of the Retiring President, Eugene H. Pool, MD, FACS, of New York, NY, he examined those qualities that he believed made up a great surgeon. Chief among these was the "uncommon virtue termed common sense," which facilitates good judgment in competent men. "Humanity and kindness come next," Dr. Pool said, "which lead such men to think primarily and dominantly of their patient's welfare." Also important, according to Dr. Pool, were "resourcefulness and courage but never rashness—that is, the ability to meet without loss of nerve unexpected and serious conditions, sometimes of [the surgeon's] own making."

Regarding technical skill and scientific training, Dr. Pool stated that these qualities were essential but are "inadequate" without the other attributes. "Technique allows skillful routine work, but alone it marks the artisan, not the surgeon," Dr. Pool stated.

In looking to the future, Dr. Pool said he believed that medical students should be taught the history as well as the techniques of surgical practice. "The College is qualified to serve in the crystallization and guardianship of the highest and best traditions in surgery, which call for a continuous reiteration and restatement of the ideals of surgery and of the surgeon," Dr. Pool said.

"In this commercial age, it is especially important that conscious efforts be made to encourage ideals, develop character, and support the highest professional standards," Dr. Pool concluded.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

Aaron Medical Industries, Inc.; Aesculap Instruments; ASSI; Bard Cardiosurgery; Cogent Light; CORE Dynamics; Cryomedical Sciences, Inc.; LORAD Medical Systems; Luxtec Corporation; Meadox Medicals, Inc.; MedChem Products, Inc.; MegaDyne Medical Products, Inc.; Microsurg Inc.; Miles Inc.; Orascope Research; Research Medical, Inc.; Taut Inc.; Thompson Surgical Instruments, Inc.; United States Surgical Corporation; Wilson-Cook Medical Inc.; Carl Zeiss, Inc.

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Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

Contributions to anesthesiology discussed

"Anesthesiology and surgery are inextricably linked," Dr. Douglas R. Bacon said yesterday at the Advisory Council for Neurological Surgery Lecture (History of Surgery). Dr. Bacon is assistant vice-chairman of education, department of anesthesiology, State University of New York at Buffalo, and director of anesthesia education at Roswell Park Cancer Institute, also in Buffalo.

"Were it not for the encouragement, aid, and efforts of surgeons across the country, the infrastructure of modern anesthesiology would not have developed specialty status by 1940," he continued.

Dr. Bacon said that surgery and anesthesiology have been linked since the 1846 inception of anesthesiology. On October 16 of that year, the august sur-

geon John Collins Warren had a dentist-medical student, Gilbert Abbott, administer ether to William Thomas Morton, a patient suffering from a tumor. After the patient's tumor had been successfully excised, Dr. Bacon said, Dr. Warren proclaimed of anesthetics, "Gentlemen, this is no humbug."

The combined subsequent advances in surgical techniques and anesthesia propelled the progress and success of surgery, Dr. Bacon said.

However, he said, until 1865, surgical mortality was still quite high, especially in cases of amputation. However, the aseptic methods introduced by Joseph Lister significantly decreased mortality rates.

For many years, Dr. Bacon said, interns, the lowest-ranking member of the operating team, were delegated the task of administering anesthesia. Al-

though untrained in the specialty of anesthesia, many young surgeons began their careers this way, and, Dr. Bacon said, "looking over the surgical screen, learned the elder surgeons' techniques."

By the turn of the century, the actual specialty of anesthesiology began its evolution, as specialty societies grew in an attempt to train and certify anesthesiologists. During the 1920s and 1930s, said Dr. Bacon, recognition and support by surgeons such as Frank Lahey, Charles Mayo, I. S. Ravdin, and Erwin Schmidt was imperative for the development of the specialty. For it was prominent surgeons such as these who rallied for establishment of anesthesiology departments and training programs. In fact, Dr. Bacon termed Erwin Schmidt the "white knight of anesthesiology" since he was the prime mover

in establishing anesthesiology as a subspecialty of the American Board of Surgery.

During the early days of anesthesiology, many surgeons "worked hard to circumvent the medical-political prejudices" against anesthesiology as a certifiable specialty. "Through astute politics carried out at scrub boards and sinks," Dr. Bacon said, these surgeons who supported the development of anesthesiology were instrumental in the ultimate formation of the American Board of Anesthesiology in 1938.

Dr. Bacon concluded his presentation by enumerating his past and contemporary surgical heroes, and reminding the audience that "when surgeons and anesthesiologists work together, both benefit."

Trauma seminar slated for December

The American College of Surgeons Committee on Trauma, Region VII (Iowa, Kansas, Missouri, and Nebraska) is sponsoring the 17th annual "Advances in Trauma" seminar on Friday, December 9, and Saturday, December 10, 1994, at the Ritz-Carlton Hotel in Kansas City, MO.

The regional and state chairmen have planned a program that will benefit all those involved in trauma patient care. Program Chairmen are Frank L. Mitchell, MD, FACS, Chief, Region VII; David T. Sidney, MD, FACS, Iowa State Chairman; Frederic C. Chang, MD, FACS, Kansas State Chairman; Robert L. Coscia, MD, FACS, Missouri State Chairman; and Robert D. Harry, MD, FACS, Nebraska State Chairman.

The purpose of this continuing medical education course is to provide an update on information and techniques used in the treatment of the trauma patient.

The Friday program will include presentations on: Alternative Methods of Airway Control; The Use of

Ultrasonography in the Injured Patient; Restraint Related Injuries; Three Distinct Patterns of Post-Traumatic Shock; Management of Liver Injuries; Complications Specific to the Injured Pregnant Patient; Another Myth—Where Is the Golden Hour?; and Problem Cases in Trauma.

Saturday's programming will include: The Practice Side of Trauma Care: Billing, Revenues, and Managed Care; Surgical Management of Generalized Peritonitis; 21 Amino Steroids – Lazaroids; Head Injury Care by the General Surgeon; Thoraco Lumbar Fracture and Assaulted Injuries; ICU Care — The Second 24 Hours; The Physiology of Chest Injury; Immune Consequences of Injury; Measurement of Functional Outcome in Trauma Patients; and Problem Cases in Trauma.

Faculty members include: Henry C. Cleveland, MD, FACS; Richard L. Gamelli, MD, FACS; Kenneth L. Mattox, MD, FACS; Kimball I. Maull, MD, FACS; Norman E. McSwain, Jr., MD, FACS; Grace S. Rozycki, MD, FACS; C. William Schwab, MD, FACS;

C. Thomas Thompson, MD, FACS; and Donald D. Trunkey, MD, FACS.

The fee for physicians is \$350, for critical care nurses is \$200, and for residents is \$150. For those individuals wishing to attend only one day of the program the fee is 60 percent of the total registration. A late registration fee of \$25 will be added unless the registration is postmarked before Novem-

ber 20, 1994.

While it will be possible to register on-site for the program in Kansas City, advance registration is strongly recommended. For more information on the program or to obtain an application for enrollment, contact the Committee on Trauma booth in the ACS Resource Center.

AUA LECTURE, from page 1

uct of new information systems, out-comes information, should be analyzed by surgeons, who understand the details and applications of this information far better than nonphysicians. These same physicians, then, he said, should translate this information for their patients.

"Failure to educate our students to collaborate with patients in decision making," Dr. Shine warned, "means we will abrogate decisions to committees, managers, and government." Although it is a daunting task, Dr. Shine stressed the importance of involving patients in their health future. Physicians, he said, must ask questions about new technologies and encourage their patients to understand these questions as well: Does the new technology efficaciously replace the old? Is there a learning curve? Under what circumstances and frequency will it be used?

Dr. Shine believes that well-informed patients may be more conservative in their treatment choice than their own physicians, and may ultimately select a less costly alternative. As an example, he told an anecdote about a cancer patient whose oncologist informed him

that he might have a 20 to 30 percent response rate to a particular therapy, which could only be administered in another state over a one-month period. When Dr. Shine asked the patient, "What do you think a 20 to 30 percent response rate means?" the patient replied that he thought the quality of his life, and therefore his longevity, might improve by that percentage. Dr. Shine encouraged a dialogue between the patient and oncologist regarding response rates. The oncologist informed the patient that the expected 20 to 30 percent response rate meant a possible 20 to 30 percent reduction in tumor size, and perhaps an additional two to three months of life for the patient.

The patient chose to forego the treatment, and spent his remaining days with his family—all were pleased with his choice and quality of remaining life.

Dr. Shine offered this vignette to illustrate his central theme that although most intelligent individuals do not always and immediately understand their treatment options, "Living systems have a remarkable capacity to respond and adapt to an environment."

Convention surplus food will be sent to needy

According to figures from the Physician Task Force on Hunger in America, approximately 20 million Americans go hungry at least a few days each month. In recent years, food assistance organizations in 62 percent of major U.S. cities had to turn people away because of lack of resources.

In an effort to lower these sobering statistics, the College, through the Professional Convention Management

Association's (PCMA) "Network for the Needy," will donate surplus goods from Clinical Congress-related meetings and activities. The PCMA network is comprised of meeting professionals and bureau executives from major cities across the country.

For more information about Network for the Needy, contact PCMA at 100 Vestavia Office Park, Ste. 220, Birmingham, AL 35216; tel. 205/823-7262.

Kenneth Ryan to present Ethics and Philosophy Lecture

On Wednesday morning at 9:00, Kenneth J. Ryan, MD, will present the Ethics and Philosophy Lecture, "Ethics and the Transplant Surgeon" in Room E451B of McCormick Place East.

Dr. Ryan is the Kate Macy Ladd Distinguished Professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School, and chairman of the ethics committee at Brigham and Women's Hospital, Boston, MA.

He studied internal medicine and biochemistry at the Massachusetts General Hospital and Columbia Presbyterian Hospital. Dr. Ryan received training in obstetrics and gynecology at the Boston Lying-in Hospital and the Free Hospital for Women. Throughout

his career, he has held professorships at the University of California, San Diego, Case Western Reserve University, Cleveland, OH, and at Harvard.

Dr. Ryan has served on the: National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research; ethics committee of the American College of Obstetricians and Gynecologists; National Institutes of Health (NIH) Human Fetal Tissue Transplantation Research Panel; NIH Human Embryo Research Panel; American Fertility Society; and the Commission on Research Integrity.

His research has involved the biosynthesis of estrogens and hormone synthesis and metabolism in the adre-

nal, ovary, and placenta.

The Ethics and Philosophy Lecture debuted at the 1991 Clinical Congress in Chicago, IL. John Conley, MD, FACS, a New York otorhinolaryngologist, donated \$100,000 to the College to endow a fund that would support this lecture. The lectureship is presented under the auspices of the Committee on Ethics and the Advisory Council for Otorhinolaryngology. Of this lectureship, Dr. Conley has said, "I consider ethics and philosophy to be, in one sense, the essence of the medical profession. It is one of the things that has been buffeted about in the past 20 or 30 years, but that has not diminished its essentiality."



Kenneth J. Ryan, MD

GENERAL SESSIONS, from page 1

for delay of care, gatekeeper liability, peer review liability, and administrative liability will be discussed.

Panel Discussion

Surgical Outcomes: How Do We Know the Results of What We Do?

8:30 am in McCormick Place East, Room E451B

Although surgeons customarily measure outcomes by mortality and morbidity, they are now being asked to examine other aspects of the outcomes of their work. The panel will review some important aspects of outcomes research, including quality of life, patient preferences (using breast cancer and prostate cancer as models), the cost-effectiveness of treatment of gallstones, and the innovation of surgical procedures, with an emphasis on evaluation and dissemination.

General Panel Discussion

Economic Implications of Surgical Decision Analysis

10:30 am in McCormick Place East, Rooms E253C-D

Economic pressures for cost-effective clinical management make it no longer acceptable to base decisions with expense implications simply on the basis of hunch or intuition. Logic and accurate deductive reasoning will be demanded. This will benefit patient outcome and cost containment.

Surgical leaders in decision analysis present elements of this discipline, so well-known in the field of economics and management, that have economic implications in clinical practice. This is the first time decision analysis has been formally addressed in an ACS Congress, but predictably it will be an essential feature of many programs in the future.

Panel Discussion

Mediators of Host Responses

10:30 am in McCormick Place East, Room E350

The dedication of the *Owen H.*

Wangensteen Surgical Forum Volume XLV will open this session, to be followed by discussion of cytokines in shock and sepsis, cytokines and cancer, and nitric oxide, the "1992 molecule of the year."

Panel Discussion

The Role of the Surgical Educator in Educating Tomorrow's Primary Care Physicians

10:30 am in McCormick Place East, Rooms E253A-B

The panel will discuss public expectations of primary care physicians' knowledge, skills, and abilities in managed care systems, the role of specialty surgical education in medical schools, and the surgeon's perspective on surgical education for primary care physicians.

Correlative Clinic

Case #1: Laparoscopic Cholecystectomy: When Is Preoperative Evaluation for Common Duct Stones Appropriate?

Case #2: Problems in Mammographic Localization (Targeting)

10:30 am in McCormick Place East, Room E353

General Panel Discussion

Predicting Outcome in the SICU: The Theory and Reality

10:45 am in McCormick Place East, Room E451B

Attempts have been made for many years to predict outcome from medical problems and treatments in order to compare effectiveness of new treatments, provide information to patients and their family, and promote optimal use of limited resources. Although these attempts at outcome prediction have been used in many areas, from battle field triage to management of cancer patients, they have been used with increasing emphasis in surgical ICU admission and treatment. Several systems have been developed to stratify the severity of patient disease in surgical ICU patients. These have assigned objective

scoring values, and different mathematical processes have been used to predict outcome based on past experience. Although nearly all of these scoring systems have been demonstrated to have significant association with outcome, there are significant limits in their ability to predict outcome of patients. This has led to appropriate hesitancy to use prediction measures based on large populations of frequently dissimilar patients to make medical decisions on individual patients.

Despite these limitations, the competition for critical care resources is tight and will likely get much tighter in the face of health care reform.

Meeting of the Association of Program Directors in Surgery

Surgical Training: Strategies for the Year 2000

1:15 pm in McCormick Place East, Room E352

In extrapolating the landscape of the year 2000, this session will address what the health care environment will look like, the changing face of graduate medical education, the future of the academic department of surgery and the community hospital training program, how and by whom surgical research will be done, the role of the general surgeon, and the opportunities and challenges facing those going into surgery.

General Panel Discussion

Surgical Management of Metastatic Colorectal Cancer

1:30 pm in McCormick Place East, Arie Crown Theatre

The panel will discuss early detection, evaluation, and staging of hepatic metastasis from colorectal cancer, resection of hepatic metastasis with curative intent, and hepatic infusion and other methods for treating unresectable liver metastasis.

Symposium

Scientific Writing for Surgeons

1:30 pm in McCormick Place East, Room E350

Surgical communication takes place even in the electronic media by peer-reviewed publications. The organizational and technical issues involved in presenting one's ideas in the clearest and most cogent fashion continue to be learned skills. The purpose of the panel is to share ideas with eminent surgical writers and editors from around the world and from leading and imaginative book publishers. These ideas are intended to enhance the level of communication of the Fellows of the College and especially those younger members in residency or in their crucial years of development at first faculty appointment.

Papers Session I

1:30 pm in McCormick Place East, Rooms E271A-B

Ten original papers on a variety of topics will be presented during this session.

Symposium

Abdominal Compartment Syndrome:

Physiology, Management, and Closure
2:30 pm in McCormick Place East, Room E451B

Resuscitation of the trauma patient *in extremis* has changed over the last five years. The patient *in extremis* is characterized by severe hemodynamic instability, profound shock, and extensive tissue destruction. Survival is unlikely unless heroic efforts are made. The introduction of trauma systems, which concentrate large numbers of patients *in extremis* in the hands of a small number of surgeons, has resulted in revolutionary protocols that allow the surgeon to accept incomplete operations, massive bleeding, and staged reconstructions.

This course will examine the indications and techniques of the initial "damage control" celiotomy, the complications and pitfalls associated with management of patients with abdominal packing, endstage physiology, and the abdominal compartment syndrome.

1995 Spring Meeting set for Boston

The 23rd annual Spring Meeting will be held April 30-May 3, 1995, at the Westin Hotel and Boston Marriott at Copley Place, Boston, MA. The topic for the Assembly of General Surgeons, which will initiate the sessions for the meeting on Sunday, April 30, will be "The General Surgeon, the Patient, and Managed Care." This "town meeting" session will bring an audience of general surgeons together with members of the Advisory Council and experts in the managed care environment. All attendees at the Assembly are encouraged to participate in the discussion, question the speakers, and provide their views on the issues.

Plenary sessions on Monday, May 1, will open with a panel discussion, "Early Detection and Management of Cancer," moderated by J. Milburn Jessup, MD, FACS. This year's Edward D. Churchill Lecture will be delivered by Joseph E. Murray, MD, FACS, and his subject will be "The Origins and Consequences of Organ Transplantation."

The afternoon's socioeconomic panel discussion will address "The Surgeon



Boston, MA, site of the 1995 Spring Meeting.

Caught in the Managed Care Web," moderated by George E. McGee, MD, FACS. The day will conclude with an evening presentation of a collection of films judged to be the best of those

presented for general surgeons at the 1994 Clinical Congress.

Four postgraduate courses will be presented on Tuesday, May 2. These courses will address current cancer

management, minimal access surgery, vascular surgery, and trauma.

Wednesday, May 3, will witness the final session of the meeting, the discussion of "Controversies in Head and Neck Surgery," moderated by William B. Farrar, MD, FACS.

Because of their continued popularity with surgeons who attend this meeting, technical exhibits will be presented again this year. An attractive social program is also being planned.

The College's Spring Meeting has become a favorite for general surgeons because of its focus on general surgical science and socioeconomic issues.

An advance brochure detailing the program, registration procedures, and information about travel and hotel packages will be mailed in early 1995 to all Fellows, Associate Fellows, and Candidate Group members.

Also, a preliminary program will be listed in full in the January 1995 issue of the *Bulletin*. Further registration information can be obtained from Nancy Sutton at College headquarters, 55 E. Erie St., Chicago, IL 60611; tel. 312/664-4050.

Program Changes

Listed below are program changes made since publication of the official Program Book.

General Sessions

Murray F. Brennan, MD, FACS, New York, NY, is a co-author of paper #1 of Thursday's Papers Session.

Specialty Sessions

The Tuesday morning Ophthalmic Surgery symposium on "Monitoring Medical Activity: Outcomes, Effectiveness, and Quality of Life" has been cancelled.

Motion Picture Sessions

Three videotapes have been added to the Wednesday afternoon Otorhinolaryngology session:

"Endoscopic Surgery—Video Documentation in the Operating Room," by Eiji Yanagisawa, MD, FACS; Martin Citardi, MD; and Ray Yanagisawa, all of New Haven, CT.

"The Middle Cranial Fossa Approach," by David R. Schramm, MD, FACS, Ottawa, ON; Richard J. Wiet, MD, Hinsdale, IL; Michael T. Teixido, MD, Wilmington, DE; and Horst R. Konrad, MD, FACS, Springfield, IL.

"Vocal Cord Augmentation with Autologous Fat," by James H. Brandenburg, MD, FACS, Madison, WI.

Postgraduate Courses

Following publication of the course manual, the following film presentations

were added to Session IV of PG #4, Cardiac Surgery, on Thursday afternoon: "Aortic Root Replacement Using the Button Technique for Annuloaortic Ectasia Plus an Annular Ring Abscess," by George E. Cimochoowski, MD, Wilkes-Barre, PA; "Repair of Aneurysms of the Aortic Arch," by Randall Griep, MD, FACS, New York, NY; and "Replacement of the Descending Thoracic Aorta Using the Elephant Trunk Technique," by Hans G. Borst, MD, and M. Hienemann, Hannover, Germany.

Surgical Forum

Wednesday morning's Transplantation II session will be held in McCormick Place North, Room N228.

There has been an addition to the Plastic Surgery/Wound Healing III session on Wednesday at 1:30 pm: The ninth presentation will be "Grafting of Genetically Modified Keratinocytes Overexpressing PDGF-AA or IGF-I onto Athymic Mice," by Sabine A. Eming, MD; Jong Won Lee, PhD; Richard G. Snow, BS; Jeffrey R. Morgan, PhD; Martin L. Yarmush, MD, PhD; and Ronald G. Tomkins, MD, ScD. From Massachusetts General Hospital, Boston, MA.

Scientific Exhibits

Scientific American Medicine has been moved to booth #1131.

Technical Exhibits

Following are technical exhibits that were added after the publication of the Exhibit Guide:

1445, Burkhart Roentgen, 6571 43rd St. N. #1704, Pinellas Park, FL 34665; 813/525-2900

1448, Convention Research Studies, 700 White Plains Rd., Scarsdale, NY 10583; 914/472-7474

3528, F.P.I., Box 263456, Tampa, FL 33685-3456; 813/884-7554

2620, Innovata, Inc., 5380 Pleasant Ave., Ste. 3A, Fairfield, OH 45014; 513/858-2525

3516, Infinity Surgical Technology, Inc., 10535 N. Port Washington Rd., Mequon, WI 53092; 414/241-7003.

3241, Maco Marketing, 120 S. Ridgeland, Oak Park, IL 60302; 708/524-9348

The following companies have relocated:

Diapulse Corporation of America, to 1636; MIS 2000, to 3522; and MedProbe Medical Marketing Research, to 3339.

The following companies have cancelled:

CLASS, Inc., Endocare, Inc., Endotec, International Telepresence Corporation, Surgical Innovations, Synergistic Medical Technologies Inc., Syntex Laboratories, Inc., and Life Medical Products.

Registration totals

As of Monday afternoon, total registration for the Clinical Congress was 13,224. Of that number, 7,006 were physicians and 6,218 were exhibitors, guests, spouses, or convention personnel.

College announces database program with NLM

Fellows of the College can now enjoy virtually unlimited on-line access to the National Library of Medicine's (NLM) databases—including MEDLINE—for a flat fee of \$200 per year. (Canadian Fellows will have to pay an additional charge for telecommunications costs.) Normally, NLM charges fees that average \$18 an hour, and the NLM estimates that the average cost of a Grateful Med search is \$1.25.

This special arrangement for ACS Fellows is the result of a recent agreement between the College and NLM to undertake this experimental pilot project.

For the \$200 annual fee, members obtain:

- One year of access to world-renowned database that contains over seven million references to medical journal articles from 1966 to the present.
- Access to NLM's 40-plus other databases, which cover topics such as cancer protocol (PDQ), AIDS (AIDS-LINE), and toxicology (TOXLINE).
- A copy of Grateful Med software for IBM-compatible or Macintosh PCs.
- NLM's bimonthly publication, *Gratefully Yours*.
- Technical support via a toll-free number.

• Access to training and assistance from the NLM's 3,500-member National Network of Libraries of Medicine.

In addition, NLM's "Lonesome Doc" program will link users with a hospital or other medical library so that they can obtain printed copies of entire articles (libraries may charge a fee for this service, which would not be covered by the \$200 fee).

The American College of Surgeons and the National Library of Medicine emphasize that this arrangement is designed for individual use and is not meant to be shared with multiple users.

New members will be sent a user ID

code/password, documentation, and customer service telephone numbers. This packet of information will be mailed within five working days as applications are received.

The National Technical Information Service will send the Grateful Med software to members within 10 working days after the application is received.

To obtain a copy of a brochure that outlines the program and includes an application form, stop by NLM's booth #2507 in the technical exhibit area, or the Communications Department's exhibit in the ACS Resource Center.

Allied Meetings

Please note: A number of medical school and alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in McCormick Place.

Tuesday

Morning

General Surgery & Laparoscopy News
7:00 am - 8:00 am. Meeting.
Hilton & Towers, 3rd floor, Williford Room C.

Journal of the American College of Surgeons Editorial Board
7:00 am - 8:30 am. Breakfast meeting.
Hilton & Towers, 3rd floor, Joliet Room.

ACAS Surgeons
7:00 am - 8:30 am. Breakfast meeting.
Hilton & Towers, 5th floor, Room 5I.

American College of Surgeons, Ohio Chapter
7:00 am - 9:00 am. Meeting.
Marriott Hotel, Mezzanine level, North-western/Ohio St.

American College of Surgeons, Indiana Chapter
7:00 am - 9:00 am. Breakfast.
Hilton & Towers, 3rd floor, Waldorf Room.

APDS Editorial Board for "Current Surgery"
7:00 am - 2:00 pm. Breakfast/luncheon.
Hilton & Towers, 3rd floor, PDR #3.

Afternoon

American Society of General Surgeons
12:00 noon - 1:30 pm. Luncheon.
Hilton & Towers, 3rd floor, Waldorf Room.

Surgical Section/National Medical Association
12:00 noon - 2:00 pm. Luncheon.
Hilton & Towers, 3rd floor, Williford Room A.

ASCRS Committee for Review of Colorectal Clinical Trials
1:00 pm - 2:00 pm. Meeting.
Hilton & Towers, 5th floor, Room 5H.

Association of Program Directors in Surgery
1:30 pm - 5:30 pm. Meeting.
McCormick Place East, Room E352.

SAGES Corporate Council
3:00 pm - 6:00 pm. Meeting.
Hilton & Towers, 3rd floor, Williford Room A.

Association for Surgical Education, Faculty Development Committee
4:00 pm - 5:00 pm. Meeting.
Hilton & Towers, 3rd floor, PDR #6.

James IV Association of Surgeons, Inc.
4:00 pm - 6:00 pm. Meeting.
Hilton & Towers, 8th floor, Lake Huron Room.

Evening

SUNY-Health Science Center Department of Surgery
5:30 pm - 7:00 pm. Reception.
Palmer House, 6th floor, Parlor E.

Oxford University Press
5:30 pm - 7:00 pm. Reception.
Sheraton Hotel, Level II, Michigan Room A.

Vanderbilt University Medical Center
5:30 pm - 7:00 pm. Reception.
Fairmont Hotel, Meeting Room level, Chancellor Room.

American College of Surgeons, Brooklyn and Long Island Chapter
5:30 pm - 7:30 pm. Reception.
Westin Hotel, 2nd floor, Cambridge Room.

University of Chicago Department of Surgery
5:30 pm - 7:30 pm. Reception.
Drake Hotel, 140 E. Walton Place.

James D. Rives Surgical Society
5:30 pm - 7:30 pm. Reception.
Fairmont Hotel, International Ballroom Level, State Room.

American College of Surgeons, North Texas Chapter
5:30 pm - 7:30 pm. Reception.
Hilton & Towers, Lobby level, Continental Room C.

University of California, San Diego, Foundation for Surgical Education
5:30 pm - 7:30 pm. Reception.
Four Seasons Hotel, LaSalle Room.

University of Rochester Surgical Alumni
5:30 pm - 7:30 pm. Reception.
Hilton & Towers, 2nd floor, Boulevard Room C.

Baylor College of Medicine
5:30 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, Marquette Room.

Georgetown University Alumni Association
6:00 pm - 7:30 pm. Reception.
Palmer House, Club floor, PDR #16.

Indiana University School of Medicine Department of Surgery/Medical Alumni Association
6:00 pm - 7:30 pm. Reception.
Marriott Hotel, 5th floor, Denver/Houston Rooms.

Mayo Clinic Alumni Association
6:00 pm - 7:30 pm. Reception.
Hilton & Towers, Lobby level, Continental Room A.

American College of Surgeons, South Carolina Chapter
6:00 pm - 7:30 pm. Reception.
Marriott Hotel, 5th floor, Conference Room 15.

University of South Florida
6:00 pm - 7:30 pm. Reception.
Hilton & Towers, 3rd floor, Williford Room C.

Wayne State University School of Medicine, Department of Surgery Alumni Association
6:00 pm - 7:30 pm. Reception.
Westin Hotel, 3rd floor, Mayfair Room.

Jefferson Medical College Alumni Association
6:00 pm - 7:45 pm. Reception.
Fairmont Hotel, International Ballroom Level, Ambassador Room.

University of Minnesota
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 2nd floor, Normandie Lounge.

Albany Medical Alumni
6:00 pm - 8:00 pm. Reception.
Prudential Building, Plaza Club.

Akron City Hospital, Akron General Medical Center, Departments of Surgery
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, Waldorf.

Cleveland Clinic (Foundation) Alumni Association
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, Mezzanine level, Purdue/Wisconsin Rooms.

(Continued on page 7)

ALLIED MEETINGS, from page 6

University of Louisville Department of Surgery Alumni and Friends
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 2nd floor, Grand Ballroom.

University of Utah Department of Surgery Alumni
6:00 pm - 8:00 pm. Reception.
Palmer House, Club floor, PDR #17.

Deterling Society/New England Medical Center
6:00 pm - 8:00 pm. Reception.
Palmer House, 6th floor, Parlor C.

Maimonides Surgical Society/Maimonides Medical Center
6:00 pm - 8:00 pm. Reception.
Palmer House, 3rd floor, PDR #4.

Medical College of Virginia
6:00 pm - 8:00 pm. Reception.
Sheraton Hotel, Level II, Missouri Room.

Memorial Sloan-Kettering Cancer Alumni
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, Williford B.

Mount Sinai Medical Center
6:00 pm - 8:00 pm. Reception.
Sheraton Hotel, Level II, Colorado Room.

Northwestern Surgical Alumni
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, Mezzanine level, Northwestern/Ohio St.

UC-Davis Surgical Association
6:00 pm - 8:00 pm. Reception.
Sheraton Hotel, Level II, Arkansas Room.

University of Illinois, Chicago, Department of Surgery
6:00 pm - 8:00 pm. Reception.
University Club, 76 E. Monroe, Michigan Room.

University of Iowa Department of Surgery Alumni
6:00 pm - 8:00 pm. Reception.
Palmer House, 6th floor, Parlor A.

University of Mississippi Medical Center Department of Surgery
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, PDR #1.

University of Nebraska Medical Center Department of Surgery
6:00 pm - 8:00 pm. Reception.
Palmer House, 6th floor, Parlor G.

University of North Carolina Surgial Alumni/Nawthan A. Womack Surgical Society
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 2nd floor, Boulevard A.

University of Pennsylvania Medical Alumni Society
6:00 pm - 8:00 pm. Reception.
Palmer House, Lobby level, Empire

Will C. Sealy Surgical Society
6:00 pm - 8:00 pm. Reception.
Palmer House, 3rd floor, PDR #9.

Surgical Society, New York Medical College
6:00 pm - 8:30 pm. Reception.
Marriott Hotel, 5th floor, Kansas City Room.

University of Virginia Department of Surgery
6:00 pm - 9:00 pm. Reception.
Hilton & Towers, 3rd floor, Astoria Room.

University of Pittsburgh Department of Surgery
6:00 pm - 9:00 pm. Reception.
Marriott Hotel, 5th floor, Chicago Room C.

Loyola University Department of Surgery
6:00 pm - 9:00 pm. Reception.
Chicago Cultural Center.

James IV Association of Surgeons, Inc.
6:00 pm - 9:00 pm. Reception/dinner.
Hilton & Towers, 8th floor, Lake Michigan Room.

Bowman Gray School of Medicine Department of Surgery
6:30 pm - 7:30 pm. Reception.
Palmer House, 3rd floor, PDR #5.

American College of Surgeons, Vermont Chapter/University of Vermont Department of Surgery/University of Vermont Alumni
6:30 pm - 8:00 pm. Reception.
Raphael Hotel, 201 E. Delaware St.

Duke University Surgical Alumni
6:30 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, Williford Room A.

Health Cleveland General Surgery Residency Program Alumni
6:30 pm - 8:00 pm. Reception.
Marriott Hotel, Mezzanine level, Minnesota Room.

American College of Surgeons, Illinois Chapter
6:30 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, PDR #3.

John E. Connolly Surgical Society
6:30 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, PDR #7.

Roy D. McClure Surgical Alumni Society of Henry Ford Hospital
6:30 pm - 8:00 pm. Reception.
Hilton & Towers, 2nd floor, Boulevard Room B.

McGill University Department of Surgery Residents and Alumni
6:30 pm - 8:30 pm. Reception.
Marriott Hotel, Mezzanine level, Indiana/Iowa Rooms.

Boston University Medical Center Alumni
6:30 pm - 8:30 pm. Reception.
Hilton & Towers, 3rd floor, PDR #2.

University of Cincinnati Department of Surgery
6:30 pm - 8:30 pm. Reception.
Hilton & Towers, Lobby level, Continental B.

SUNYAB Department of Surgery/Roswell Park Surgical Society
6:30 pm - 8:30 pm. Reception.
Marriott Hotel, Mezzanine level, Great America Room.

Medical College of Pennsylvania Department of Surgery
6:30 pm - 8:30 pm. Reception.
Westin Hotel, 2nd floor, Buckingham Room.

University of Michigan Department of Surgery Faculty, Alumni, Guests
6:30 pm - 8:30 pm. Reception.
John Hancock Bldg., The 95th.

University of Toronto Department of Surgery
6:30 pm - 8:30 pm. Reception.
Marriott Hotel, Mezzanine level, Michigan/Michigan State Rooms

Washington University School of Medicine
6:30 pm - 8:30 pm. Reception.
Westin Hotel, 3rd floor, Governors' Suite.

Christian Medical and Dental Society
6:30 pm - 9:30 pm. Dinner.
Palmer House, 6th floor, Monroe Room.

American Society for Surgeons of Indian Origin
7:00 pm. Annual meeting.
Bukhara Restaurant.

Chirurgio Society
7:00 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, Joliet Room.

George Washington University Medical Alumni Association
7:00 pm - 8:30 pm. Reception.
Fairmont Hotel, Imperial Ballroom level, Regal Room.

AUB Alumni Surgical Society
7:00 pm - 8:30 pm. Reception.
Palmer House, 6th floor, Parlor F.

American College of Surgeons, Puerto Rico Chapter
7:00 pm - 9:00 pm. Reception.
Palmer House, 6th floor, Parlor B.

University of Miami School of Medicine Department of Surgery
7:00 pm - 9:00 pm. Reception.
Sheraton Hotel, Level II, Michigan Room B.

H. William Scott, Jr., Society
7:00 pm - 10:00 pm. Dinner.
Fairmont Hotel, Meeting Room level, Regent Room.

American College of Surgeons, Maryland Chapter/University of Maryland Surgical Society
7:30 pm - 9:00 pm. Reception.
Marriott Hotel, Mezzanine level, Lincolnshire Room.

Hiram C. Polk Surgical Society/University of Louisville
7:30 pm - 10:00 pm. Reception/dinner.
Palmer House, Club floor, PDR #18.

Jefferson Medical College Alumni Association
8:00 pm - 10:00 pm. Dinner.
Fairmont Hotel, Meeting Room level, Crystal Room.

AUB Alumni Surgical Society
8:30 pm - 11:00 pm. Dinner.
Palmer House, 6th floor, Parlor H.

Wednesday

Morning

International Society of Surgery (SIC), U.S. Chapter
6:45 am - 8:00 am. Breakfast meeting.
Hilton & Towers, Lobby level, Continental Room B.

Video-Assisted Thoracic Surgery Study Group
7:00 am - 8:00 am. Breakfast meeting.
Hilton & Towers, 2nd floor, Boulevard Room A.

Surgical Oncology
7:00 am - 8:00 am. Breakfast meeting.
Hilton & Towers, 2nd floor, Boulevard Room C.

Association of Women Surgeons
7:00 am - 10:30 am. Breakfast meeting.
Hilton & Towers, 3rd floor, Williford Room A.

SAGES Board of Governors
7:00 am - 5:00 pm. Meeting.
Hilton & Towers, 3rd floor, Waldorf Room.

ASCRS Continuing Education Committee
7:30 am - 9:00 am. Breakfast meeting.
Hilton & Towers, 5th floor, Room 5G.

Tripler General Surgery Program
11:00 am - 1:30 pm. Luncheon meeting.
Hilton & Towers, 3rd floor, Astoria Room.



The ACS Board of Regents took time from their meeting on Saturday to pose with Paul A. Ebert, Director of the College, for their portrait. In the back row, from left to right, are: Dr. Ebert; Edward L. Seljeskog; Paul H. Ward; Roger S. Foster; and Samuel A. Wells, Jr. Second row, left to right: Jonathan L. Meakins; Paul E. Collicott; George D. Wilbanks; Thomas J. Krizek; C. James Carrico; and Harvey W. Bender. Third row, left to right: Theodore Lawwill; Seymour I. Schwartz, Vice-Chairman; Paul C. Peters; and Richard R. Sabo. In the front row: Thomas R. Russell; Margaret F. Longo; Lloyd D. MacLean, ACS President; and David G. Murray, Chairman.

NATIONAL TRACS® introduces Release software

The NATIONAL TRACS project team is introducing a substantially improved trauma registry software package at this year's Clinical Congress. The improvements, which have been designed with the input of several surgeons of the ACS Committee on Trauma and trauma nurse coordinators from major hospitals that currently use NATIONAL TRACS, are embodied in the new Release 2.5 software.

Working with Committee on Trauma surgeon representatives, Beta test sites' trauma nurse coordinators, led by Cindy Crocker, RN, Parkland Hospital;

Grace McDonald-Smith, MEd, Massachusetts General Hospital; Cindy Andrews, RN, Carolinas Medical Center; Jorie Klein, RN, Parkland Hospital; and Shari Zougras, RN, Loyola University Medical Center, have been actively at work enhancing the current software package. The nurse coordinators and several of their colleagues will be available in the NATIONAL TRACS booth, which is located in the Registration area of McCormick Place, at various times during the Clinical Congress.

Major enhancements of Release 2.5

include:

- Improved ICD-9 and AIS 90 coding.
- The addition of probability of survival calculations.
- The automatic calculation of 1993 Resources Document audit filters.
- Trauma team activation data.
- The addition of a comprehensive list of complications to assist in the quality improvement process.

In addition, all of the previous standard reports have been subclassified into six useful categories, and 21 new reports that are specifically oriented to-

ward day-to-day use in an individual hospital have been added.

Release 2.5 will be demonstrated during the Clinical Congress and will become available to all users shortly thereafter. Fellows and interested individuals are encouraged to stop by and evaluate Release 2.5. The booth will be open from 7:30 am to 5:00 pm through Thursday, October 13th, and from 7:30 am to 12:00 noon on Friday, October 14th.

Karen Van Maldegiam, MBA, is project manager of NATIONAL TRACS.

Security tips for travelers

One out of every three persons has been a victim of crime. To aid in lowering these odds, the following tips are offered:

- Lock every locking device on your door any time you are in your hotel room.
- Don't respond to random knocks on the door without knowing who it is.
- Place all valuables in the hotel safety-deposit box.
- If you plan a long evening out, turn a light on in the hotel room, leave the TV or radio playing softly, and place your "Do Not Disturb" sign on the door.
- Never place the "Make Up This Room Early" sign on the door. This only indicates to an intruder that you are out of the room.

• Carry as little cash as possible. Make use of credit cards and traveler's checks.

- Keep your wallet in an inside coat or front pants pocket; carry your purse in a way that keeps it from being easily snatched.
- Look alert, even if you are lost and confused. Criminals pick victims who are off guard.
- Do not flash large amounts of cash or jewelry.
- Be careful of what you say in the presence of strangers.
- Never walk up or down the stairwells except in an emergency.
- If at all possible, avoid walking the streets at night. However, if you must walk, travel with friends.
- Do not wear your name badge on the street.

OPENING CEREMONY LECTURE, from page 1

gan transplantation is not feasible without first exchanging bone marrow. It was researchers who would not accept this pessimistic condition, such as Drs. Joseph Murray and Roy Calne, who showed transplantation was feasible, in certain conditions, without bone marrow. Another step in transplantation, said Dr. Starzl, was Dr. Murray's 1962 introduction of azathioprine.

The one-way paradigm of transplantation immunology prevailed into the 1990s, Dr. Starzl said, and encouraged myths, such as: HLA matching for whole organs must be important, transplant tolerance was a central phenomenon, and the "holy grail" of tolerance for whole organ recipients lay in host preconditioning.

Ultimately, 30 years after Medawar's initial studies, the two-way paradigm

surfaced, which, said Dr. Starzl, explains among other things the inherent capability of tolerance induction in all whole organs. Unfortunately, Dr. Starzl said, Medawar did not live to see the final fulfillment of his dream in 1985: gross chimerism produced routinely.

In his concluding remarks, Dr. Starzl reminisced about Galileo, whose studies of the universe with a homemade telescope changed the future of humanity: "Our Galileo was Peter Medawar." He continued: "Armed with dissecting scissors, a few rabbits and mice, and a remarkable brain, this zoologist founded a field that crossed all specialty barriers and blurred, as no one ever had before, the distinction between basic and clinical science."